STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
000111918	Parker's Vinyl Creations Ltd.			
3. Principal office address: 45 Oakwood Dr.	City: Foster	State: R.I.	Zip: 02825	
4. Business Phone No.: 401-255-9191	5. State of Incorporation: R.I.			

6. Brief description of the character of business conducted in Rhode Island
Contractor / To Repair And Improve, Maintain, Fix, Buy And Sell Real And Personal

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Keith R Parker			Vice-President Name		
Street Address: 45 Oakwood Dr.			Street Address		
City: Foster	State: R.I.	Zip: 02825	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Keith R Parker			Director Name		
Street Address: 45 Oakwood Dr.			Street Address		
City: Foster	State: R.I	Zip: 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	600		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 04 2014
BY CR 216522
3:50

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date: 2/4/14

Keith R Parker
Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 FEB -4 PM 3:48

Form No. 630
Revised: 01/2012